

SERFF Tracking Number:	AMMS-126000395	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	41898
Company Tracking Number:	MGR04280		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002A Large Group Only - PPO
Product Name:	MGR04280		
Project Name/Number:	MGR04280/MGR04280		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04280

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: AMMS-126000395 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: MGR04280

Co Status:

Author: Pat Allison

Date Submitted: 01/23/2009

State Tr Num: 41898

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 01/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04280

Project Number: MGR04280

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/28/2009

State Status Changed: 01/28/2009

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our domiciliary state of Indiana on 1/22/2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

The enclosed matrix paragraphs are submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue these forms in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group, the Federation of American Consumers and Travelers.

Incorporation of these matrix paragraphs is intended to document Golden Rule's compliance with Illinois Senate Bill 934 and House Bill 4602. Medical Benefits provisions will be revised to incorporate Illinois-mandated benefits for diagnosis

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and treatment of autism spectrum disorders for covered persons under twenty-two years of age, as well as a shingles vaccination for covered persons 60 years of age and older. These benefits will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence. Incorporation of these Illinois mandates will not affect state specific benefits provided via the state-specific endorsement issued to residents of states other than Illinois.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance collect at (317) 297-0358 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Company and Contact

Filing Contact Information

Debra Paris, Manager	dlparis@goldenrule.com
7440 Woodland Drive	(317) 297-0358 [Phone]
Indianapolis, IN 46278-1719	(317) 328-9645[FAX]

Filing Company Information

Golden Rule Insurance Company	CoCode: 62286	State of Domicile: Indiana
7440 Woodland Drive	Group Code: 707	Company Type: Life and Health
Indianapolis, IN 46278	Group Name:	State ID Number:
(317) 297-0358 ext. [Phone]	FEIN Number: 37-6028756	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$210.00
Retaliatory?	Yes
Fee Explanation:	\$35 X 6 Forms = \$210
	Paid via EFT
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$210.00	01/23/2009	25221168

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2009	01/28/2009

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<i>Project Name/Number:</i>	<i>MGR04280/MGR04280</i>		

Disposition

Disposition Date: 01/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMMS-126000395	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Medical Expense Benefits	Approved-Closed	Yes
Form	Medical Expense Benefits	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04280

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04280	Policy/Cont Medical Expense ract/Fratern Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04280 Form.pdf
Approved-Closed	MGR04281	Policy/Cont Medical Expense ract/Fratern Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04281 Form.pdf
Approved-Closed	MGR04282	Policy/Cont Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04282 Form.pdf
Approved-Closed	MGR04283	Policy/Cont Definitions ract/Fratern al Certificate: Amendmen	Initial		59	MGR04283 Form.pdf

<i>SERFF Tracking Number:</i>	<i>AMMS-126000395</i>	<i>State:</i>	<i>Arkansas</i>
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Approved- MGR04284	Policy/Cont Definitions	Initial	59	MGR04284
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	Endorseme			
	nt or Rider			

Approved- MGR04285	Policy/Cont Definitions	Initial	59	MGR04285
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	Certificate:			
	Amendmen			
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			

[MEDICAL EXPENSE BENEFITS]

[STANDARD MEDICAL COVERED EXPENSES:

Standard medical *covered expenses* are limited to charges:]

- (A) For an FDA-approved vaccination for shingles ordered by a *doctor* for *covered persons* sixty years of age or older;

[MEDICAL EXPENSE BENEFITS]

[STANDARD MEDICAL COVERED EXPENSES:

Standard medical *covered expenses* are limited to charges:]

- (A) For *diagnosis of and treatment for autism spectrum disorders* for *covered persons* under 21 years of age, limited to a maximum of \$36,000 per calendar year [(This maximum limit may change annually at the discretion of the Director of the Illinois Department of Insurance based on the Consumer Price Index.)];

[DEFINITIONS]

In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning. Wherever used in the *policy/certificate*:

"*Autism spectrum disorder*" means pervasive developmental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

[DEFINITIONS]

In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning. Wherever used in the *policy/certificate*:

"*Diagnosis of autism spectrum disorder*" means one or more tests, evaluations, or assessments prescribed, performed or order by a *doctor* to diagnose whether an individual has *autism spectrum disorder*.

[DEFINITIONS]

In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning. Wherever used in the *policy/certificate*:

"*Treatment for autism spectrum disorder*" means care, treatments, interventions, services or items which are reasonably expected to: (A) prevent the onset of an autism spectrum disorder; (B) reduce or ameliorate the physical, mental, or developmental effects of an autism spectrum disorder; or (C) assist to achieve or maintain maximum functional activity in performing daily activities after being diagnosed with an autism spectrum disorder.

Treatment for autism spectrum disorder shall include the following care when prescribed, provided or ordered by a *doctor*:

- (A) Psychiatric care, meaning direct, consultative, or diagnostic services provided by a licensed psychiatrist;
- (B) Psychological care, meaning direct or consultative services provided by a licensed psychologist;
- (C) Habilitative or rehabilitative care, meaning professional, counseling, and guidance services and treatment programs, including *applied behavior analysis*, that are intended to develop, maintain, and restore the functioning of an individual; and
- (D) Therapeutic care, including behavioral speech, occupational, and physical therapies that provide treatment in the areas of: (1) self-care and feeding; (2) pragmatic, receptive, and expressive language; (3) cognitive functioning; (4) *applied behavioral analysis*, intervention, and modification; (5) motor planning; and (6) sensory processing.

[DEFINITIONS]

In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning. Wherever used in the *policy/certificate*:

"*Applied behavioral analysis*" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	01/28/2009
Comments:				
Attachment:				
	C006.3 P006.3 Readability 42008.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	01/28/2009
Bypass Reason:	Does not apply to this filing.			
Comments:				

Certification of Reading Ease

RE: Form (s) P-006.3, et al

C-006.3, et al

Golden Rule Insurance Company by Steven L. Pollack, President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3, et al = 59.06
C-006.3, et al = 59.14

2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.

3. The number of words contained in the text is: P-006.3, et al = 17,116
C-006.3, et al = 17,234

4. The numbers used in arriving at the above scores were:

Form #	<u>P-006.3, et al</u>	<u>C-006.3, et al</u>
Syllables	<u>27,303</u>	<u>27,497</u>
Words	<u>17,116</u>	<u>17,234</u>
Sentences	<u>1,354</u>	<u>1,368</u>

5. All text has been included in arriving at the above score(s), except for the following: Headings, defined terms, medical terminology and table of contents.

6. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #5 above.

7. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All states.

8. The above form(s) will be used in:

☐ individual health insurance


☐ individual life insurance

☒ group health insurance

☐ group life insurance

APR 19 2008

Date


Steven L. Pollack
President